

DECLARATION AND POWER OF ATTORNEY USA/PCT

As a below named inventor, I hereby declare that:

(a) My residence and Citizenship are as stated below my name. My P.O. (mailing) address is the same as my residence unless otherwise stated.

(b) I verily believe I am/we are the original, first and sole/joint inventor(s) of the subject matter that is embraced by and for which a patent is sought on the invention entitled: **IMPROVED ALUMINA CARRIERS AND SILVER-BASED CATALYSTS FOR THE PRODUCTION OF ALKYLENE OXIDES**

and the specification of which: is attached hereto (____).
(check one) was filed on June 2, 2004 as (62562A).
Application No. PCT/US04/17103
and was amended on _____

(c) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

(d) I acknowledge my duty under 37 CFR 1.56 to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56(b). If this application is a continuation-in-part application, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 CFR 1.56(b) that became available between the filing date of the prior application from which priority is claimed in part (f) below, and the national or PCT international filing date of this application.

(e) I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate listed below or §365(a) of any PCT international application that designated at least one country other than the United States of America listed below, and also identify below any other foreign equivalent application for patent or inventor's certificate or any other equivalent PCT international application having a filing date before that of the application on which priority is claimed:

Number	PRIOR FOREIGN APPLICATION(S)		PRIORITY CLAIMED	CERTIFIED COPIES INCL.
	Country or PCT	Day/Month/Year Filed		

Additional claims for benefit are attached.

□

CERTIFIED COPIES INCL.

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(f) I hereby Claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below, or under 35 U.S.C. §120 of any United States application(s), or under § 365(c) of any PCT international application designating the United States of America listed below:

US or PCT Appln. Serial No.
60/497,452

Filing Date
August 22, 2003

Status at Application Filing Date
Pending

Additional claims for benefit are attached.

I hereby appoint the attorney(s) and/or agent(s) at the following Customer No. to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Address all correspondence to

35503

This appointment, including the right to delegate this appointment, shall also apply to the same extent it is applicable under the laws of the United States of America to any proceedings established by the Patent Cooperation Treaty.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor(s):

At: **Charleston, West Virginia 25301, USA**
this 28 day of June, 2004

Signature: Erlind M. Thorsteinson

Full Name: **Erlind M. Thorsteinson**
Residence: **1112 Highland Road
Charleston, West Virginia 25302**
Country: **United States of America**
Citizenship: **United States of America**
P. O. Address: **Same as Residence**

At: Charleston, West Virginia 25301, USA
this 19th day of July, 2004
Signature: Madan M. Bhasin
Full Name: Madan M. Bhasin
Residence: 9 Carriage Road
Charleston, West Virginia 25314
Country: United States of America
Citizenship: United States of America
P. O. Address: Same as Residence

At: **Charleston, West Virginia 25301, USA**
this 12 day of July, 2014
Signature: Albert Cheng-Yu Liu
Full Name: **Albert Cheng-Yu Liu**
Residence: **1534 Quarrier Street**
Charleston, West Virginia 25311
Country: **United States of America**
Citizenship: **United States of America**
P. O. Address: **Same as Residence**

At: Charleston, West Virginia 25301, USA
this 13 day of July, 2004

Signature: Juliana G Serafin

Full Name: Juliana G. Serafin

Residence: 1534 Quarrier Street
Charleston, West Virginia 25311

Country: United States of America

Citizenship: United States of America

P. O. Address: Same as Residence

Additional names and signatures are attached.

Additional names, addresses and signatures to be attached to Form No. 1000

Entitled: **DECLARATION AND POWER OF ATTORNEY**

At: Charleston, West Virginia 25301, USA
this 14 day of July, 2004

Signature: S-R. Seyedmonir
Full Name: **Seyed R. Seyedmonir**
Residence: **1604 Ravinia Road**
City, State, Zip: **Charleston, West Virginia 25314**
Country: **United States of America**
Citizenship: **United States of America**
P. O. Address: **Same as Residence**

At: _____
this ____ day of _____, 20____

Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P. O. Address: _____

At: _____
this _____ day of _____, 20____

Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P. O. Address: _____

At: Charleston, West Virginia 25301, USA
this 14 day of July, 2009

Signature: 
Full Name: **Hwaili Soo**
Residence: **116 Eastridge Road**
City, State, Zip: **Charleston, West Virginia 25314**
Country: **United States of America**
Citizenship: **United States of America**
P. O. Address: **Same as Residence**

At: _____
this ____ day of _____, 20____

Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P. O. Address: _____

At: _____
this _____ day of _____, 20____

Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P. O. Address: _____